

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/0/0066	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1			1		1		51				
2				1		1	52				
3				1		1	53				
4				1		1	54				
5			1		1		55				
6				1		1	56				
7				1		1	57				
8			1		1		58				
9				1		1	59				
10				1		1	60				
11				1		1	61				
12				1		1	62				
13				1		1	63				
14				1		1	64				
15				2		2	65				
16			1		1		66				
17				2		2	67				
18				2		2	68				
19				2		2	69				
20			1		1		70				
21				1		1	71				
22				1		1	72				
23			1		1		73				
24				1		1	74				
25				1		1	75				
26			1		1		76				
27				1		1	77				
28			1		1		78				
29			1		1		79				
30				1		1	80				
31			2		2		81				
32			2		2		82				
33			2		2		83				
34			2		2		84				
35			2		2		85				
36			2		2		86				
37			2		2		87				
38			2		2		88				
39			2		2		89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			9		9		TOTAL IND.				
TOTAL DEP.			41		41		TOTAL DEP.				
TOTAL CLAIMS			50		50		TOTAL CLAIMS				